



Application for a Statement of Professional Recognition

State of Iowa
Board of Educational Examiners
Licensure
Grimes State Office Building
400 E. 14th St.
Des Moines, Iowa 50319-0147

Revised 07/08

INSTRUCTIONS:

1. Complete Section I--by the applicant and Section II to be completed by the administrator of the employing district or agency.
2. Enclose a \$85.00 fee for the Statement of Professional Recognition. Remit ONE check or money order, made payable to the Board of Educational Examiners.
3. Enclose a \$52.00 fee to conduct both an Iowa criminal history record check with the Division of Criminal Investigation and a national check through the Federal Bureau of Investigation (**Total amount due is \$137.00**). Submit waiver form and fingerprint card with this application. (Request finger print packet at <http://www.boee.iowa.gov/FPPktReq.html>)
4. Attach official college/university transcripts.
5. Send all materials to the address that appears in the upper right hand corner of this page.

NOTE: Photocopies or copies by fax of any application forms or experience verification forms will not be accepted. Original signatures are needed.

(Please allow four weeks for processing. Incomplete applications will delay processing.)

Name changes require a photocopy of official legal documentation.

Applicant's Folder #	Social Security #	Date of Birth Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Home Phone ()	Work Phone ()	Email Address	

Background Information:

For any "Yes" response attach a written explanation on 8 1/2 x 11" paper. Be sure to include the date of the violation. DO NOT explain on this application form. *If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of "Yes" on this application if no further conviction(s) has occurred.

- a. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a felony?
- b. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a crime other than parking or speeding violations (report any OWIs)?
- c. Yes ☐ No ☐ PR ☐ Have you ever had a founded report of child abuse made against you?
- d. Yes ☐ No ☐ PR ☐ Have you ever had an educational license denied, revoked, or suspended?

Statement of Fraud: Fraud in procurement of a license or falsifying records for licensure purposes will constitute grounds for filing a complaint with the Iowa Board of Educational Examiners.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

Signature of Applicant

Date

Do you hold a valid license from the Iowa Dept. of Public Health? ☐ yes ☐ No (If "Yes," send a photocopy of it with your application.)

Degree(s) held and conferred:

Bachelors Institution

Month Day Year

Masters Institution

Month Day Year

Applicant's Signature _____ Date Signed _____

SECTION II - (To be completed by employer) Request for issuance of a Statement of Professional Recognition

The _____ area education agency or school district requests that
_____ (applicant)

Be issued a Statement of Professional Recognition to serve as
_____ (List specific position)

Signature of AEA or School District Administrator Date _____